100 EAST HIGHLAND DRIVE

OCONTO FALLS 54154 Phone: (920) 848-327	2	Ownershi p:	Corporati on
Operated from 1/1 To 12/31 Days of Operation	: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	115	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	115	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	105	Average Daily Census:	109

Services Provided to Non-Residents	- 1	Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	29. 5
Supp. Home Care-Personal Care	No					1 - 4 Years	44. 8
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	2.9	More Than 4 Years	25. 7
Day Services	No	Mental Illness (Org./Psy)	34. 3	65 - 74	3.8		
Respite Care	No	Mental Illness (Other)	3.8	75 - 84	33. 3		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	44.8	**********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0.0	95 & 0ver	15. 2	Full-Time Equivalent	
Congregate Meals	No	Cancer	1. 9	<u> </u>	Í	Nursing Staff per 100 Res	i dents
Home Delivered Meals	No	Fractures	1. 9		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	13. 3	65 & 0ver	97. 1		
Transportati on	Yes	Cerebrovascul ar	10. 5			RNs	6. 9
Referral Service	No	Di abetes	7. 6	Sex	%	LPNs	8. 4
Other Services	No	Respi ratory	5. 7		Ì	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	21.0	Male	28.6	Ai des, & Orderlies	45. 6
Mentally Ill	No			Femal e	71.4		
Provi de Day Programming for	i		100.0				
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther			Pri vate Pay	;		amily Care			anaged Care	l		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	18	100. 0	121	0	0. 0	0	0	0.0	0	18	17. 1
Skilled Care	5	100. 0	210	73	89. 0	101	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	78	74. 3
Intermedi ate				9	11.0	84	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	9	8. 6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100. 0		82	100.0		0	0.0		18	100.0		0	0.0		0	0.0		105	100.0

SHARPE CARE

Admissions, Discharges, and	Percent Distribution	of Residents'	Condi ti ons,	Services, and	Activities as of 1	2/31/01
Deaths During Reporting Period			% Nee	rdi na		Total
Percent Admissions from:	Activities of	%	Assi sta		% Totally	Number of
Private Home/No Home Health 5.		Independent		wo Staff	Dependent	Resi dents
Private Home/With Home Health 0.		0. 0), 0	21. 0	105
Other Nursing Homes 12		12. 4		5. 7	21. 9	105
Acute Care Hospitals 82.		33. 3). 5	17. 1	105
	0 Toilet Use	17. 1		. 9	21. 0	105
Rehabilitation Hospitals 0.		39. 0		5. 7	14. 3	105
0ther Locations 0	1 0	*******	*******	**********	*******	******
Total Number of Admissions			% Spe	cial Treatments	3	%
Percent Discharges To:	Indwelling Or Extern	al Catheter		eceiving Respin		21. 9
Private Home/No Home Health 24.				eceiving Trache		1. 0
Private Home/With Home Health 0.				eceiving Suction	3	1. 0
Other Nursing Homes 5.		ic of bower		eceiving Ostom		2. 9
Acute Care Hospitals 40.				eceiving Tube I		1. 0
Psych. Hosp MR/DD Facilities 0.		ьd			nically Altered Die	
	0 Thysreally Reservine	,u	1.0	ecci ving meendi	mearly meeted bre	10.0
Other Locations 0.			0±1	er Resident Cha	aracteristics	
Deaths 29				lave Advance Di i		95. 2
Total Number of Discharges	With Rashes			li cati ons	recerves	00. 2
	5			eceiving Psycho	pactive Drugs	21. 9

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

	Facility Peer Group		Group	Peer	Group	Peer	Group	Facilities		
	%	%	Ratio	%	Ratio	%	Ratio	%	Rati o	
Occupancy Rate: Average Daily Census/Licensed Beds	94. 8	80. 3	1. 18	83. 5	1. 14	84. 4	1. 12	84. 6	1. 12	
Current Residents from In-County	96. 2	72. 7	1. 32	79. 2	1. 21	75. 4	1. 28	77. 0	1. 25	
Admissions from In-County, Still Residing	17. 9	18. 3	0. 98	22. 5	0.80	22. 1	0.81	20. 8	0.86	
Admissions/Average Daily Census	143. 1	139. 0	1.03	125. 7	1. 14	118. 1	1. 21	128. 9	1. 11	
Discharges/Average Daily Census	151. 4	139. 3	1.09	127. 5	1. 19	118. 3	1. 28	130. 0	1. 16	
Discharges To Private Residence/Average Daily Census	37. 6	58. 4	0.64	51. 5	0. 73	46. 1	0.82	52. 8	0. 71	
Residents Receiving Skilled Care	91. 4	91. 2	1.00	91. 5	1.00	91.6	1.00	85. 3	1.07	
Residents Aged 65 and Older	97. 1	96. 0	1. 01	94. 7	1. 03	94. 2	1.03	87. 5	1. 11	
Title 19 (Medicaid) Funded Residents	78. 1	72. 1	1.08	72. 2	1. 08	69. 7	1. 12	68. 7	1. 14	
Private Pay Funded Residents	17. 1	18. 5	0. 92	18. 6	0. 92	21. 2	0. 81	22. 0	0. 78	
Developmentally Disabled Residents	0. 0	1. 0	0.00	0. 7	0.00	0.8	0.00	7. 6	0.00	
Mentally Ill Residents	38. 1	36. 3	1. 05	35.8	1.06	39. 5	0. 96	33. 8	1. 13	
General Medical Service Residents	21. 0	16. 8	1. 25	16. 9	1. 24	16. 2	1. 29	19. 4	1. 08	
Impaired ADL (Mean)	49. 7	46. 6	1.07	48. 2	1. 03	48. 5	1. 02	49. 3	1. 01	
Psychological Problems	21. 9	47.8	0.46	48. 7	0. 45	50. 0	0. 44	51. 9	0. 42	
Nursing Care Required (Mean)	10. 2	7. 1	1. 43	6. 9	1. 48	7. 0	1.45	7. 3	1.40	